



February 16, 2015

**Senate Bill No. 18. AN ACT ESTABLISHING A TASK FORCE TO STUDY
HOARDING**

Dear Senator Gerratana, Representative Ritter, and Members of the Public Health Committee:

As a researcher and clinician working in the area of hoarding disorder (HD), I am writing to lend my **strong support to Senate Bill No. 18**, which seeks to create a legislative task force to address the issue of hoarding, which has been identified as a major public health issue resulting in risk to the person hoarding their personal items as well as members of the public, and to find solutions to this significant societal problem.

HD has recently been recognized as a distinct psychiatric disorder by the American Psychiatric Association. It consists of (a) severe difficulty discarding or parting with possessions due to strong urges to save items and/or distress associated with discarding; (b) clutter that precludes activities for which living spaces were designed; and (c) significant distress or impairment in functioning caused by the hoarding behavior. Many individuals with HD show poor insight and resist attempts to intervene, even when the clutter has become hazardous.

HD is associated with a significant public health burden. Epidemiological research has suggested that the rate of HD is between 2 and 5%, significantly greater than conditions such as schizophrenia. The impact of clutter on basic functions such as cooking, cleaning, moving through the house, and even sleeping can make hoarding dangerous, putting people at risk for fire, falling, poor sanitation and health risks. An analysis by the Melbourne Fire Department of residential fires over a 10-year period indicated that hoarding accounted for 24% of all preventable fire fatalities, and that the average cost of hoarding-related fires was eight times greater than that of hoarding-unrelated fires. The clutter and associated safety hazards may lead to threats of eviction, or removal of children or elderly from the home by government agencies. In a large survey, the degree of work impairment among individuals with HD exceeded that found in most anxiety or depressive disorders, and was comparable to that reported by individuals with bipolar or psychotic disorders.



Involvement of government agencies, including the public health department, is not uncommon in HD cases. Approximately 64% of surveyed health officials in Massachusetts reported receiving at least one complaint of hoarding during a five-year period, with most cases concerning unsanitary conditions reported by neighbors. A recent study by the City of San Francisco conservatively estimated that HD costs service providers and landlords in that city \$6.4 million per year. Social service agencies in that study noted that hoarding cases were more costly to manage than were other psychiatric illness-related cases. A large low-income housing authority survey estimated that approximately 10% of their housing units were affected by clinically significant hoarding, and another 30% were considered possible hoarding cases.

A task force assigned to better understand HD and to intervene in HD cases will likely be of significant benefit to HD sufferers, their families, the public, and the State economy.

Thank you for your time and consideration.

A handwritten signature in black ink, appearing to read "D. F. Tolin".

David F. Tolin, Ph.D., ABPP
Director, Anxiety Disorders Center, The Institute of Living
Adjunct Professor of Psychiatry, Yale University School of Medicine